

Foster Family Home - Corrective Action Report

Provider ID: 1-150079

Home Name: Zeny Agonoy, CNA

94-412 Opeha St.

Waipahu

HI 96797

Review ID: 1-150079-4

Reviewer: Sue Lo

Begin Date: 11/3/2017

End Date: 12/12/2017

Foster Family Home

Required Certificate

[17-1454-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6(d)(1) Home visit made for a 3 bed recertification. Corrective action report issued during home visit with corrective action plan due to CTA on 12/3/2017.

Foster Family Home

Information Confidentiality

[17-1454-13.1]

13.1.(b)(3) Inform clients about their confidentiality practices;

13.1.(c) Information about an applicant or recipient shall not be used or disclosed unless;

Comment:

13.1.(b)(3) Client #1 and Client #2 Home confidentiality not present in the home.

13.1.(c) Consent Form for Client #1 and Client #2 not present in the home.

Foster Family Home

Personnel and Staffing

[17-1454-41]

41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

Comment:

41.(b)(8) Lapse on CPR and First Aid due on/before 6/17/16 was done on 8/15/16 for CG#2.

Foster Family Home

Client Care and Services

[17-1454-43]

43.(c)(3) Be based on the caregiver following a service plan for addressing the client's needs. The RN case manager may delegate client care and services as provided in chapter 16-89, subchapter 15, HAR;

Comment:

43.(c)(3) Delegation of training not signed by all CGs for Client #1 and Client #2.

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Grievance

[17-1454-44.1]

- 44.1.(2) Provide a written copy of the grievance policies and procedures to the client or the client's legal representative, which includes the names and telephone numbers of the individuals who shall be contacted in order to report a grievance; and

Comment:

44.1.(2) Written copy of the grievance policies and procedures to the client or the client's legal representative not present in the home for Client #1.

Foster Family Home

Fire Safety

[17-1454-45]

- 45.(a) The home shall conduct, document, and maintain a record, in the home, of unannounced fire drills at different times of the day, evening, and night. Fire drills shall be conducted at least monthly under varied conditions and shall include the testing of smoke detectors.

- 45.(b)(2) All caregivers have been trained to implement appropriate emergency procedures in the event of a fire.

Comment:

45.(a) Documentation for fire drill for evenings and nights not present in the home.

45.(b)(2) Documentation for CG#2 and CG#3 to conduct fire drill not present in the home.

Foster Family Home

Client Rights

[17-1454-50]

- 50.(a) Written policies and procedures regarding the rights of the client during the client's stay in the home shall be established and a copy shall be provided to the client, or the client's legal representative, and made available to the public when requested.

Comment:

50.(a) List of rights with Client/POA not present in the home for Client #1 and Client#2..

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Records

[17-1454-52]

- 52.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;

Comment:

52.(c)(2) Last Service Plan was done on 3/23/2017 and no current Service Plan present for Client #1.


Compliance Manager


Primary Care Giver

11/3/2017
Date

11/3/17
Date

Community Care Foster Family Home (CCFFH)
Written Plan of Correction for Deficiencies
Listed in Corrective Action Report Chapter 17-1454

CCFFH Name: ZENY AGONROY

CCFFH Address: 94412 Opeha St. Waipahu, HI 96797

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
13.1 (b)(3)	Home confidentiality for Client # 1 and Client #2 has been obtained a copy from case manager.	11/24/17	I added this as a requirement on my admission checklist and work with Case Manager for missing documents for clients.
13.1(c)	Consent form for Client #1 and Client #2 has been obtained a copy from case manager.	11/24/17	I added this as a requirement on my admission checklist to ensure this is present at the time of admission.
41.(b)(8)	Lapse for CPR and First Aid cannot be fixed or corrected.	8/15/16	The home created spread sheets as a reminder to update all requirements such as CPR & 1 st Aid.
43.(c)(3)	Delegation of training has been done and signed by all caregivers	11/5/17	
44.1.(2)	Grievance policies and procedures has been added and signed by all legal representative	11/5/17	I added this as a requirement on my admission checklist to ensure this is present at the time of admission so new caregivers are delegated.
45.(a)	Unannounced evenings fire drill done on and next month will do night fire drill.	11/15/2017	I added this as a requirement on my admission checklist to ensure this is present at the time of admission.
45.(b)(2)	CG#2 conducted the fire drill for November 2017 and next month CG#3.	11/15/17	Created spread sheets as a reminder of when to do unannounced monthly fire drill schedule to perform day, evening, and nights.
50.(a)	List of Rights with Client/POA obtained from case manager.	11/5/17	The home will make sure all CGs are trained to conduct fire drill and will train all new CGs how to conduct fire drill.
52.(c)(2)	Last service plan for client been updated	11/5/17	I added this as a requirement on my admission checklist to ensure the List of Rights with Client/POA done and also, the home will coordinate with the case manager to update the Service Plan.

Primary Caregiver's Signature: _____

Zeny Agonroy

Print Name: ZENY AGONROY

Date of Signature: _____

11/27/17